



CITY OF SAN BRUNO  
POLICE DEPARTMENT

## REQUEST FOR REPORT RELEASE

**Filling out this form is optional and is designed to assist SBPD personnel in locating the records you are requesting**

REPORT NUMBER: \_\_\_\_\_ DATE OF REQUEST: \_\_\_\_\_  
TYPE OF REPORT: \_\_\_\_\_ DATE OF INCIDENT: \_\_\_\_\_  
LOCATION OF INCIDENT: \_\_\_\_\_  
PARTY/PARTIES INVOLVED (optional) : \_\_\_\_\_

**Mailing address:**

REQUESTOR'S NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
TELEPHONE NUMBER: \_\_\_\_\_

**PLEASE DO NOT WRITE BELOW THIS LINE**

HOW RELEASED: ☐ Mailed Date: \_\_\_\_\_ Initials: \_\_\_\_\_  
☐ Read Only ☐ In Person Date: \_\_\_\_\_ Initials: \_\_\_\_\_  
Files checked for report: \_\_\_\_\_ by \_\_\_\_\_ by \_\_\_\_\_ by \_\_\_\_\_  
RECEIPT#: \_\_\_\_\_ METHOD OF PAYMENT: ☐ Cash ☐ Check#: \_\_\_\_\_  
Notes: \_\_\_\_\_